Quarterly Transfer Station/Citizen Convenience Center Tonnage Report Reporting Period Year_____

☐ January-March, Due July 1 st ☐ July-September, Due January 1 st ☐ October-December, Due April 1 st								
Co	ounty: Permit #:	Send comple	ted form to):				
Re	esponsible Official:	lowa Department of Natural Resources Energy and Waste Management Bureau Wallace Building 502 East Ninth Street Des Moines, Iowa 50319-0034						
Fa	cility Name:							
Ad	ddress:							
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CI	ty, State, Zip:							
	cycled Materials. Please answer the following questions on materials accepted to any question, please provide tonnage information available for this report							
1.	Are <u>waste tires</u> accepted at this facility? If yes , please enter tonnage <u>accepted</u> and <u>shipped</u> during the reporting period:	OYes ONo	Accepted:	Shipped:				
1a.	Location(s) shipped to:							
2.	Are <u>discarded appliances</u> and/or <u>scrap metal</u> accepted at this facility? If yes , please enter tonnage <u>accepted</u> and <u>shipped</u> during the reporting period:	OYes ONo	Accepted:	Shipped:				
2a.	Location(s) shipped to:							
3.	Are <u>recyclables</u> accepted at this facility? If yes , please enter tonnage <u>accepted</u> and <u>shipped</u> during the reporting period:	OYes ONo	Accepted:	Shipped:				
За.	Location(s) shipped to:							
4.	Are <u>brown goods</u> accepted at this facility for recycling? If yes , please enter tonnage <u>accepted</u> and <u>shipped</u> during the reporting period.	OYes ONo	Accepted:	Shipped:				
4a.	Location(s) shipped to:			•				
5.	Are <u>cathode ray tube (CRT) devices</u> accepted at this facility for recycling? If yes , please enter tonnage <u>accepted</u> and <u>shipped</u> during the reporting period.	OYes ONo	Accepted:	Shipped:				
5a.	Location(s) shipped to:							
6.	Is separated construction and demolition (C & D) waste accepted at this facility? If yes , please enter tonnage <u>accepted</u> and <u>shipped</u> during the reporting period.	OYes ONo	Accepted:	Shipped:				
6a.	Location(s) shipped to:							
7.	Is <u>yard waste</u> accepted at this facility? If yes , please enter tonnage accepted: If no , please list where yard waste is directed:	OYes ONo	Accepted:					
8.	Is <u>wood waste</u> (including trees and tree limbs) accepted at this facility? Wood waste includes pallets, crates, and other untreated processed lumber. If yes , please enter tonnage accepted: If no , please list where wood waste is directed:	OYes ONo	Accepted:					
9.	Did this facility perform waste screens during the last reporting period? If yes , list the average number of waste screens performed each week during the Does this facility have a written protocol for completing waste screens?	OYes ONo reporting period.	Average # of per week:	waste screens				

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accordance with IAC 567 Chapter county/state may be tracked in orden apparation and diversion rates will	r 106.13. Rec der to provide	ords shall be develo	ped and maintained in such	n a way that <u>tonr</u>	nages from each				
generation and diversion rates will 10. Total waste transferred through	Total Tonnage:								
10a.Indicate below the counties from which waste is accepted. If waste is accepted from multiple planning areas, indicate the p and county within that planning area from where waste is accepted. The tonnages listed in #10a should equal the total tonr Attach additional sheets if necessary.									
Planning area accepted from	· ·	thin Planning Area	Final Disposal S	Site	Tonnage				
11. Did this facility accept waste from outside of lowa for transfer and disposal? OYes ONo If yes , please list the state(s) from which waste was accepted and the tonnage accepted:									
State:					tonnage:				
State:					tonnage:				
State:					tonnage:				
12. Did this facility accept waste the	at was the resu	ult of an exceptional e	event?	OYes ONo	Type of event:				
If you would like to request that Administrative Code 567 – 101	Date(s):								
4968.	Tonnage:								
Certification . I certify under penalty of law that I am the owner, operator or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.									
Signature		Name & agency of Person Certifying (please type or print)			Date				
Telephone Number		Fax		Email					
Additional Comments:				L					
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